

# CLAIMS ONLY

Application Number

Applicant(s)

Filing Date

\* May be used for additional claims or amendments

CLAIMS	ORIGINAL		AFTER FIRST AMENDMENT		AFTER SECOND AMENDMENT	
	Indep	Depend	Indep	Depend	Indep	Depend
1						
2						
3						
4						
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46						
47						
48						
49						
50						
Total						
Indep						
Depend						
Total						
Claims						

  

	ORIGINAL		AFTER FIRST AMENDMENT		AFTER SECOND AMENDMENT	
	Indep	Depend	Indep	Depend	Indep	Depend
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100						
Total						
Indep						
Depend						
Total						
Claims						